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Situational Interaction: A Peer Counseling Approach to AWOL Reduction

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Abstract

An AWOL reduction program, which utilized peer counseling, was conducted with two randomly selected companies from a mechanized infantry battalion at Fort Carson, Colorado. Two randomly selected companies from the same brigade served as static control units. Employing the Taylor-Johnson Temperament Analysis (T-JTA), AWOL-prone soldiers were identified and were counseled initially by the unit chaplain and subsequently by platoon leaders. Platoon leaders identified situational aspects of AWOL-prone soldiers and interacted as mediators between environmental situations (e.g., money problems) and personal factors identified by the T-JTA. As a function of the intervention, the treated group showed a significant decline in AWOL rates ($t(24) = 3.07$, $p < .01$) while the control group did not. Results were discussed in terms of the efficiency of employing the Taylor-Johnson Temperament Analysis in conjunction with peer counseling to reduce AWOL rates.

Introduction

Unauthorized absences from duty (AWOLS) have existed for as long as there have been organized military services. Past research (e.g., Bell & Holz, 1975; Drucker & Schwartz, 1973; Hartnagel, 1974) has demonstrated the existence of a relationship between AWOLS and volunteer members. That is, it appears that more volunteers than draftees go AWOL. However, the major consequences to the armed services are the same: reduction in combat capability, lowered morale of those who are present for duty, and the cost of documenting and processing the absentees.

Historically, research on military delinquency has focused on the development of predictive instruments based on personality, background, and demographic variables (i.e., individual variables). The goal was to identify individuals with potential disciplinary and delinquency problems either before they entered the service or while they were in basic training (Bell & Holz, 1975; Berbiglia, 1971; Littlepage & Rappaport, 1977). A predictive device would enable the service to reject recruits who would most likely have delinquency problems.

Measurement devices that have been utilized to identify potential AWOL personnel include the Background and Opinion Questionnaire-72 (BOQ-72), the Taylor-Johnson Temperament Analysis (T-JTA), and the Demographic Questionnaire (DQ). In 1973 and 1974, the BOQ-72 was used at basic combat training (BCT) units at Fort Polk, Louisiana and Fort

Knox, Kentucky as a means of identifying possible AWOLs. However, preventive programs based on the BOQ results were not successful. Bell and Holz (1975) have suggested that the use of commanders as interviewer-counselors may have contributed to the outcome. First, due to the constant turnover of commanders, the program lacked consistency. Lack of consistency was also suspected in the counseling process itself because, although the commanders received outlined instructions to follow in the counseling of troops, procedures were not utilized to determine the extent of application. Most importantly, however, individuals were aware of having been labeled as possible delinquents which may have led to the self-fulfilling prophecy effect.

Berbiglia (1971) utilized the T-JTA at Fort Polk, Louisiana. He had observed that soldiers confined to the stockade for AWOL offenses scored consistently differently on the T-JTA than soldiers confined for non-AWOl related offenses--a phenomenon he labeled "AWOL Syndrome." This information was subsequently used for identifying potential AWOLs *a priori*. Although statistics were not available, Berbiglia indicated that the AWOL rate could be decreased by 50% when identification of potential AWOL candidates was followed by counseling, and, if necessary, referral to other post agencies (e.g., mental hygiene, finance, legal services, Red Cross).

The ARI evaluated a later program at Fort Polk which used the T-JTA in conjunction with the BOQ-72 to determine potential AWOLs. All subjects selected for the study took one of the tests, but one-third of them were not scored and were used as control subjects. The individuals identified as possible delinquents were then subjected to a modified preventive program where the company commanders again provided the counseling and referral services (Bell & Holz, 1975). According to the ARI, the T-JTA did not reliably predict AWOLs and the process of identification actually increased the AWOL rate.

Recently, Bell and Holz (1975) and Littlepage and Rappaport (1977) have proposed an interactive model as an alternative to predictive devices. According to their perspective, emphasis should be placed on the environmental and situational factors (i.e., problem events and organizational characteristics) of the miiltary service itself, since these components interact with personal factors and can be changed relatively easily while individual factors cannot. Some of the organizational characteristics have been identified as problem solving help, leader consideration, job satisfaction, unit atmosphere, and leader ability.

Although an interactive model of AWOL behavior appears to be the best explanatory device at the present time, its use has been limited to either confinement installations (e.g., Littlepage & Rappaport, 1977) or basic training settings (e.g., Bell & Holz, 1975). It must be emphasized that the use of the earlier singular predictive models have also been limited to these same settings--a situation which may have external validity implications. As Drucker and Schwartz (1973) pointed out, the causes of AWOL in basic training probably differ from the causes of AWOL in regular assignment stations.

The present study was concerned with the evaluation of the effectiveness of an AWOL reduction program based on the interactive model. After reviewing Berbiglia's use of the T-JTA for identifying an AWOL syndrome, the battalion chaplain proposed to the battalion commander a program of testing, intervention, evaluation, and follow-up. The commander and chaplain then presented the program to the unit leaders with emphasis on the principle that most intervention procedures would be done by small unit leaders at the platoon level.

Method

Subjects. The experimental and control groups constituted a non-random sample of soldiers who were stationed at Fort Carson, Colorado. Two companies of the same disposition from a mechanized infantry battalion served as the experimental unit. Equivalency of the control subjects was achieved by using soldiers from identical companies in a different mechanized infantry unit in the same brigade. There were approximately 720 subjects total from the two battalions.

Procedure. Testing of the experimental units via the T-JTA was done one company at a time and by platoons, including platoon leadership over a one-month period (i.e., soldiers entering the battalion after this period were not tested). The test was administered by the chaplain and the instructions included a statement that no one would be allowed to see the results of the individual tests except the individual and the unit chaplain. However, some information would be used by the chaplain and unit leaders for administrative decisions. The actual purpose of the test was not revealed in order to help prevent contamination, self-fulfilling prophecy effects, and response bias. The chaplain screened all tests personally and initiated interviews with persons exhibiting extreme scores on four or more of the T-JTA scales describing an individual as nervous, depressive, hostile, quiet, inhibited, or impulsive (i.e., the AWOL Syndrome).

The chaplain then met with the platoon leaders and company commanders to discuss how to relate to individual soldiers based on test results and the problems the chaplain encountered during the initial interviews. This led to the development of a strategy, based on individual need, for dealing with personal problems by manipulation of organizational aspects of the immediate environment, at the unit level, where possible. Once the strategy had been developed, unit leaders became responsible for its implementation with the chaplain functioning mainly as a resource or back-up person. For example, if the T-JTA subscores revealed tendencies toward depression, nervousness, hostility, and impulsiveness (personal factors) and it was further determined during the chaplain's interview that this person was experiencing financial difficulties (a problem event), financial aid would be sought through such channels as the Emergency Relief Agency or Red Cross. A follow-up session would then be conducted to ensure that the problem had been taken care of and to determine if further assistance was needed in other areas.

AWOL data were then gathered for the 14-month period prior to the intervention and the 12-month period following it. The data were then

compared to a control group, for the same period of time, which received neither testing nor intervention.

Results

Utilizing ARIMA (Auto-Regressive-Integrated-Moving-Average) methodology for this purpose, the AWOL data were found to be independent. That is, the data fit the ARIMA (0,0,0) model. The lag one autocorrelations for the pre- and post-intervention experimental data were -.10 (X^2 (6) = 4.72, $p > .05$) and .22 (X^2 (5) = 3.44, $p > .05$). Pre- and post-lag one autocorrelations computed for the control group were -.05 (X^2 (6) = 1.16, $p > .05$) and .16 (X^2 (5) = 2.38, $p > .05$) respectively. These results demonstrate the independence of the data for both groups justifying the use of t-tests for independent data (Glass et al., 1975).

The mean number of AWOLs for the experimental and control groups did not differ significantly in the pre-intervention condition (t (26) = .23, $p > .05$). However, the experimental group demonstrated a significant decline in mean AWOL rates between the pre- and post-intervention conditions (t (24) = 3.07, $p < .01$). The control group did not demonstrate such a decline (t (24) = 1.34, $p > .05$). The mean number of AWOLs per month for pre- and post-intervention conditions for the experimental group were 5.21 and 2.58 respectively. The mean number of AWOLs per month for pre- and post-intervention for the control condition were 5.0 and 3.66 respectively.

Discussion

In order for an intervention program to be effective, the type of intervention must meet some minimal standards of relevance to the existing problem. This must be so not only in substance but also in approach. AWOL-prone individuals could interact not only with the chaplain, but also, more importantly, with persons who were closer to the AWOL as peers. Discussions could therefore have been viewed as more personal, relevant, meaningful, and helpful to the potential AWOL, especially within the context of manipulating (changing) situational factors. For example, the chaplain noted that on many occasions platoon leaders returned to the chaplain for advice on dealing with specific problems. Thus it can be seen that the present intervetion program utilized first, the identification of AWOL-prone soldiers through the T-JTA; second, it provided a means for counseling not only through the chaplain's office but also at the small unit level with peers; and third, it allowed the platoon leaders access to the chaplain for advice in counseling. These three components contributed to the effectiveness of the program.

Three final points need to be emphasized with respect to this project. First, it should be noted that, upon completion of the T-JTA testing at the onset of the program, subsequent soldiers transferring into the units were not tested. Thus, any new transfer individuals were not identified as potential AWOLs. The fact that the experimental units showed a decrease in AWOL rate in spite of this added threat to the efficiency of the program indicates the strength of the intervention treatment.

Second, it should be pointed out that the current project is one of the first to demonstrate an AWOL reduction program with statistical documentation. This is important, as it indicates the reliability of the T-JTA used in conjunction with peer counseling for the reduction of AWOLs in a regular unit. Again, it should be stressed that this particular treatment intervention is probably not generalizable to other types of units (i.e., basic training units), as the problems encountered by AWOL-prone individuals in such units are different from those at regular duty stations.

Third, it should be noted that the present investigation does not differentiate the obtained experimental effects with respect to the T-JTA and peer counseling. That is, the results could reflect the effects of counseling alone, the interaction of counseling and testing, or the effects of testing. The latter possibility is unlikely as the soldiers were blind to the reasons for testing.

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